



Agenda

FAMILY AND HUMAN SERVICES COMMITTEE

June 7, 2010
1:00 P.M.

651 Pine Street, Room 101, Martinez

Supervisor Gayle B. Uilkema, District II, Chair
Supervisor Federal D. Glover, District V, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. #5 – Continuum of Care Plan for the Homeless/Healthcare for the Homeless
Presenter: Cynthia Belon, Andrea Dubrow, Health Services Department
4. #1 – Child Care Affordability Fund – 2010/11 Funding Allocation and Appointments to Family and Children’s Trust Committee
Presenter: Rhonda Smith, Employment and Human Services Department
5. #56 – East Bay Stand Down for Homeless Veterans
Presenter: Phil Munley, County Veterans Service Officer

Next regularly scheduled meeting of the Family and Human Services Committee normally held on July 5, 2010 has been cancelled.

A special meeting of the Committee will be held on July 12, 2010 at 651 Pine Street, Room 101, 1:00 P.M.

☺ *The Family and Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.*

📁 *Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family and Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.*

✉ *Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.*

For Additional Information Contact:

Dorothy Sansoe, Committee Staff
Phone (925) 335-1009, Fax (925) 646-1353
dsans@cao.cccounty.us

Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB	Assembly Bill	HCD	(State Dept of) Housing & Community Development
ABAG	Association of Bay Area Governments	HHS	Department of Health and Human Services
ACA	Assembly Constitutional Amendment	HIPAA	Health Insurance Portability and Accountability Act
ADA	Americans with Disabilities Act of 1990	HIV	Human Immunodeficiency Syndrome
AFSCME	American Federation of State County and Municipal Employees	HOV	High Occupancy Vehicle
AICP	American Institute of Certified Planners	HR	Human Resources
AIDS	Acquired Immunodeficiency Syndrome	HUD	United States Department of Housing and Urban Development
ALUC	Airport Land Use Commission	Inc.	Incorporated
AOD	Alcohol and Other Drugs	IOC	Internal Operations Committee
BAAQMD	Bay Area Air Quality Management District	ISO	Industrial Safety Ordinance
BART	Bay Area Rapid Transit District	JPA	Joint (exercise of) Powers Authority or Agreement
BCDC	Bay Conservation & Development Commission	Lamorinda	Lafayette-Moraga-Orinda Area
BGO	Better Government Ordinance	LAFCo	Local Agency Formation Commission
BOS	Board of Supervisors	LLC	Limited Liability Company
CALTRANS	California Department of Transportation	LLP	Limited Liability Partnership
CalWIN	California Works Information Network	Local 1	Public Employees Union Local 1
CalWORKS	California Work Opportunity and Responsibility to Kids	LVN	Licensed Vocational Nurse
CAER	Community Awareness Emergency Response	MAC	Municipal Advisory Council
CAO	County Administrative Officer or Office	MBE	Minority Business Enterprise
CCHP	Contra Costa Health Plan	M.D.	Medical Doctor
CCTA	Contra Costa Transportation Authority	M.F.T.	Marriage and Family Therapist
CDBG	Community Development Block Grant	MIS	Management Information System
CEQA	California Environmental Quality Act	MOE	Maintenance of Effort
CIO	Chief Information Officer	MOU	Memorandum of Understanding
COLA	Cost of living adjustment	MTC	Metropolitan Transportation Commission
ConFire	Contra Costa Consolidated Fire District	NACo	National Association of Counties
CPA	Certified Public Accountant	OB-GYN	Obstetrics and Gynecology
CPI	Consumer Price Index	O.D.	Doctor of Optometry
CSA	County Service Area	OES-EOC	Office of Emergency Services-Emergency Operations Center
CSAC	California State Association of Counties	OSHA	Occupational Safety and Health Administration
CTC	California Transportation Commission	Psy.D.	Doctor of Psychology
dba	doing business as	RDA	Redevelopment Agency
EBMUD	East Bay Municipal Utility District	RFI	Request For Information
EIR	Environmental Impact Report	RFP	Request For Proposal
EIS	Environmental Impact Statement	RFQ	Request For Qualifications
EMCC	Emergency Medical Care Committee	RN	Registered Nurse
EMS	Emergency Medical Services	SB	Senate Bill
EPSDT	State Early Periodic Screening, Diagnosis and treatment Program (Mental Health)	SBE	Small Business Enterprise
et al.	et ali (and others)	SWAT	Southwest Area Transportation Committee
FAA	Federal Aviation Administration	TRANSPAC	Transportation Partnership & Cooperation (Central)
FEMA	Federal Emergency Management Agency	TRANSPLAN	Transportation Planning Committee (East County)
F&HS	Family and Human Services Committee	TRE or TTE	Trustee
First 5	First Five Children and Families Commission (Proposition 10)	TWIC	Transportation, Water and Infrastructure Committee
FTE	Full Time Equivalent	VA	Department of Veterans Affairs
FY	Fiscal Year	vs.	versus (against)
GHAD	Geologic Hazard Abatement District	WAN	Wide Area Network
GIS	Geographic Information System	WBE	Women Business Enterprise
		WCCTAC	West Contra Costa Transportation Advisory Committee

Schedule of Upcoming BOS Meetings

June 8

June 15

June 22



TO: Family and Human Services Committee

FROM: Cynthia Belon, L.C.S.W.
Director, Homeless Program

RE: Annual Report on Homeless Continuum of Care

Cc: Wendel Brunner, M.D.
Director, Public Health

DATE: June 7, 2010

RECOMMENDATIONS

Accept this report from the Health Services Department; and

Direct Staff to continue to report on an annual basis to the FHS Committee regarding progress of the Ten Year Plan to End Homelessness and the Contra Costa Inter-Jurisdictional Council on Homelessness; and

Forward this report to the Board of Supervisors for acceptance.

BACKGROUND

Preparation for our Ten year Plan began in 2002 with the West Contra Costa County Homeless Summit. Hosted by Supervisor John Gioia and (then) Richmond Mayor Irma Anderson, strategies that emerged from the Summit, along with information collected from 22 focus groups with homeless consumers, resulted in the draft of the Ten Year Plan in early 2003.

In Spring 2004, the Board approved "Ending Homeless in Ten Years," a county-wide Plan for the communities of Contra Costa County. The Advisory Board, along with the Homeless program, began with three main tasks: creation of a blueprint to detail the actions for carrying out the Plan's five main goals; creation of a Homeless Management Information System, for purposes of data collection on outcomes and program effectiveness throughout the continuum; and the development of public education designed to enhance the understanding of homelessness. In early 2008, the Homeless Continuum of Care Advisory Board, established in 1997, merged with



the Homeless Inter-jurisdictional Interdepartmental Workgroup, the initial group responsible for overseeing the implementation of the Ten Year Plan, to become, with Board approval, the Contra Costa Inter-Jurisdictional Council on Homelessness. A Consumer Board was also created to provide valuable information to the Council on the effectiveness of programs and the gaps in services.

The Homeless Program continues to work with and support the Homeless Inter-Jurisdictional Council and community based homeless service providers to ensure an integrated system of care from prevention through intervention for homeless adults, youth and families within our community with the overall goal of ending homelessness. To accomplish this, the Homeless Program has been a provider of comprehensive services, interim housing and permanent supportive housing as well as contracting with community agencies to provide additional homeless services and housing.

Attached are several reports, providing a comprehensive description of the performance measures, goals and objectives, outcomes and demographic information for the continuum of homeless service delivery system. This data is collected through our Homeless Management Information System (HMIS), which gathers unduplicated continuum-wide information from several (but NOT all) homeless service providers.

During 2009 (January through December), **a total of 5114 persons used homeless services. Of this amount, 1647 persons were newly identified homeless**, or those who had not been in the system prior. Sixty-nine percent (69%) of the newly identified homeless were single adults without children; 14% were families with children; and 17% were couples with no children. **This shows a slight decrease in the numbers of newly homeless from the year prior (2543 out of 5782 people were newly homeless in 2008), even with the continual economic situation.**

Children and youth comprised 25% of the total, a 2% increase from last year; 16% were persons over 55, a 1% increase from last year.

Over half of homeless residents reported coming from West County (51%), an 8% increase from the prior year; 30% from Central County, an 8% increase from the prior year; and 14% from East County, which is a 1% decrease from prior year.

In 2009, 1744 persons from emergency shelter, transitional housing and support service programs have moved to more stable housing. Sixty six per cent (66%) of persons in emergency shelters exited to transitional or permanent housing, and 81% of those in transitional housing exited to permanent housing. In our own adult interim housing programs (Brookside and Concord emergency shelters), 59% of the residents moved into permanent or permanent supportive housing. In our own youth emergency shelter program (Calli House), 38% of the residents moved to permanent or permanent supportive housing and 27% moved into transitional housing.

During the past two years, 3172 homeless persons and families from the continuum were placed into permanent supportive housing. 85% have retained their housing for more than

one year. This is a 10% INCREASE in housing retention from the prior year, which is significant in reflecting the success that has been achieved in ending homelessness in our community.

KEY ACTIVITIES DURING 2009

The capital development of a **24-bed respite program** continued in Concord at 2047 Arnold Industrial Way. This program, in partnership with Healthcare for the Homeless, and in coordination with the local hospitals, will provide recuperative care to homeless persons discharging out of hospitals, are in need of additional medical stabilization, and do not have a home nor can be returned to the streets. Funding for construction was received from the State Housing and Community Development Department; County Conservation and Development; and Concord Community Services Department. The construction was completed in March 2010, and it is scheduled to open on June 10th with an opening event from 3-5 p.m. We anticipate serving 380 homeless persons per year.

Stimulus funds were awarded to Contra Costa County for **homeless prevention and rapid re-housing** of homeless single adults and families in the form of rental assistance and support services for those persons who are having difficulty maintaining their current rental housing or have lost their rental housing within the last 18 months. The project is sponsored through County Dept. of Conservation and Development and the Cities of Richmond, Antioch, Concord, Walnut Creek and Pittsburg. A partnership of agencies, led by Shelter, Inc., and including the County Homeless program, are providing assistance to those who have an income at or below 50% of the area median income, have been employed within the past year or will soon be re-employed, and other criteria established by the Federal government.

Homeless court, begun in 2007, continued during the 2009 year with 11 court sessions held at homeless program locations rotating between Richmond, Concord and Antioch. This opportunity clears the accumulated fines for infractions that homeless residents receive, and for which they would not have the ability to pay, creating obstacles towards their reintegration into society. **284 Defendants were seen, bringing 1143 cases to be heard before Superior Court Judge Steven Austin. The Defendants performed a total of 56,060 hours of community service** in order to have the cases dismissed. The success of Homeless Court is extraordinary in view of the many challenges the clients have faced to get there, and to see the resulting positive outcomes. Parents are able to regain visitation or custody of their children; clients can now apply for jobs that require that they first get their driver's license back; and they can also rent apartments once their record has been cleared. Many of the clients continue to provide community service at the programs where they received services.

This year we began a new program called **Permanent Connections**, funded through HUD McKinney-Vento Supportive Housing, a scattered site housing model for homeless transition age youth 18-24 with disabilities. Ten housing units are available for youth with mental illness, substance abuse, HIV/AIDS, or dual/multiple diagnoses. The program is designed to provide ongoing supportive services with an emphasis on assisting them to maintain their housing and

thrive. To date, 4 young adults have moved into their apartments, with an additional six moving in within the next two months.

The **SSI Eligibility** evidence-based practice, named **Project AACT** (Application Assistance for Contra Costa Titles 2 and 16), was started within our own adult interim housing and youth continuums as a new project to assist disabled, homeless persons in applying to SSA, with the assistance of a Case Manager, for SSI benefits. The goal is for homeless persons to experience a significant reduction in the time it takes to receive an initial award decision by SSA.

Our **Homeless Management Information System** has continued to broaden the type of information collected and provide more information on quantitative outcomes to the Inter-jurisdictional Council (see Outcomes Report). During 2009, we also added service utilization collection tools throughout the continuum, customized for each homeless service provider agency, to provide individual and aggregate data on services provided. Reports will be available beginning in 2010.

The Homeless Program has been actively involved in the **Contra Costa Reentry Initiative Task Force**, for purposes of developing a continuum of services and housing for incarcerated individuals who will be reentering our community. The Homeless Program Director, Cynthia Belon, LCSW, is a member of the Task Force representing Health Services, and is on the Subcommittee focusing on the creation of a strategic plan. In addition, the Program Manager of the Homeless Adult Continuum (Arturo Castillo) and the Program Manager for the Homeless Youth Continuum (Jenny Robbins) are participating in the **West County and East County Reentry Service Provider Committees**. Within Health Services, the homeless program participates in the **Health Services Cross Divisional Violence Prevention Meetings**, where one of the agenda items has been to create the continuum of service delivery for those reentering the community from jails/prisons. Approximately 17-20% of the homeless single adults who have used the interim housing programs (emergency shelters) are on probation, parole or both. The homeless program has served as the main entry point for incarcerated individuals who are homeless upon discharge from prisons and jails, or who find themselves homeless shortly after discharge, and will continue to be the main contact within Health Services for these individuals as they begin to transition into the community.

In June 2009, we held a Project Homeless Connect in Richmond, co-sponsored by the City of Richmond, and served 800 homeless community residents, our largest turnout to date. In September, 2009, we held our first Homeless Health Connect in Concord, co-sponsored by the City of Concord, focusing on health and wellness services, with vision care exams and glasses offered for the first time by Vision Service Plan. Almost 300 homeless residents received health-related services on that day.

Our next Project Homeless Connect is scheduled for September 16, 2010 in Antioch.

Contra Costa County's Homeless Continuum of Care

Outcomes Report by Homeless Program Type

For Period: 1/1/2009 - 12/31/2009

Report Run Date: 5/5/2010

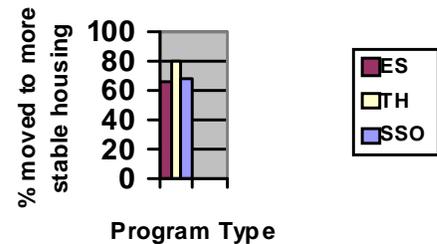
The purpose of this report is to highlight some of the outcomes of various programs that serve homeless adults, youth, and families being served in Contra Costa County's Homeless Continuum of Care. This report summarizes data collected in Contra Costa's Homeless Management Information System. HMIS or the Homeless Management Information System gathers unduplicated, continuum-wide statistics from several participating homeless providers. A list of these participating agencies can be found on page 5 of this report.

Key Points

1. **1744** persons from emergency shelter, transitional housing, and support-service programs have moved to more stable housing.

- **1310** exited from Emergency Shelters and of these, **65.65%** exited to transitional or permanent housing.
- **344** exited from Transitional Housing and of these, **81.10%** exited to permanent housing.
- **877** exited from SSO programs and of these, **68.99%** exited to transitional or permanent housing.

Housing situation at exit



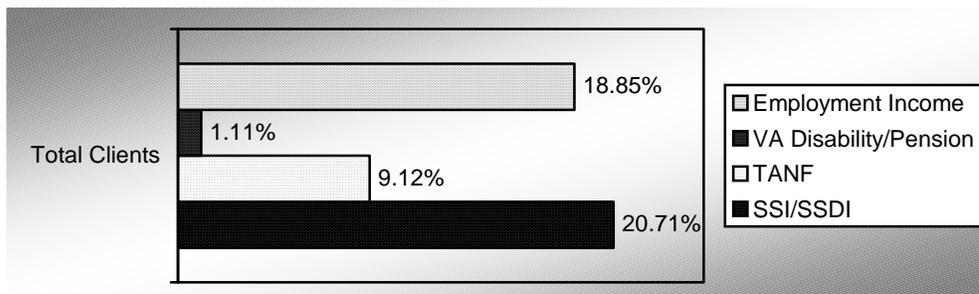
2. **Eighty-five percent (85%)** of individuals and families in Permanent Supportive Housing have retained their housing for 1 year or more.

3. Number of newly housed clients in Permanent Supportive Housing: **123 persons**

4. **Forty-four percent (44%)** of all clients who exit from Emergency shelters, Transitional housing and Supportive Services Programs had some type of cash income at program exit. Of all those who exited,

18.85% exited with Employment Income
9.12% exited with TANF

1.11% exited with VA disability/pension
20.71% exited with SSI/SSDI



General Assumptions

- a. *Transitional housing* is defined as a temporary living situation where an individual or family may stay up to 2 years and receive support services during their tenure. *Permanent housing* is defined as independent housing or residing with family or friends that is intended to be a permanent living situation.
- b. This report provides unduplicated continuum-wide statistics, using the last day of the report period as the effective point-in-time date. Although this report is regarded as a continuum-wide report, there are several agencies that are not currently participating in the HMIS project and therefore are not represented on this report. These agencies include but are not limited to the Bay Area Rescue Mission, STAND Against Domestic Violence, and the Crisis Center. A list of programs, which ARE currently participating in HMIS, is available on page 5.
- c. Quality assurance. Several data quality procedures have been instituted to make sure this report represents the best information we have at the current time. All agencies that contribute data are required to abide by our continuum's HMIS Policies and Procedures and have entry and exit protocols in place to ensure admission information is accurately reflected.

Questions and Further Assistance

For questions, please email the County Homeless Program at homelessprogram@hsd.cccounty.us.

Continuum-wide Outcomes Report

I. **How many homeless persons were served during the period of January 1, 2009 – December 31, 2009?** 5111

II. **How many individuals and families exited from Emergency Shelter, Transitional Housing and Support Service programs during the period?** 2531
Of those, how many individuals left for more stable housing? 1744

Discharge destination	Reporting Program		
	Emergency Shelters (ES)	Transitional Housing (TH)	Support Service-Only Programs (SSO)
Place not meant for habitation (e.g. a vehicle or anywhere outside)	0	1	25
Emergency Shelter	138	14	104
*Foster care home or foster care group home	2	0	0
Hospital (non-psychiatric)	16	2	2
Hotel or motel paid for without emergency shelter voucher	11	0	5
Jail, prison, or juvenile detention facility	27	5	3
*Owned by client, no housing subsidy	3	0	10
*Owned by client, with housing subsidy	1	0	0
*Own house/apartment	31	7	20
*Permanent Supportive housing for formerly homeless persons	35	6	24
Psychiatric hospital or other psychiatric facility	20	0	1
*Rental by client, no housing subsidy	52	73	80
*Rental by client, VASH subsidy	3	0	13
*Rental by client, other (non-VASH) housing subsidy	2	15	83
*Rental room/house/apartment	97	133	124
*Staying in a family member's room/apartment	154	18	74
*Staying in a friend's room/apartment	73	6	35
*Staying or living with family, permanent tenure	44	16	29
*Staying or living with family, temporary tenure	58	4	34
*Staying or living with friends, permanent tenure	22	5	22
*Staying or living with friends, temporary tenure	85	5	29
Substance abuse treatment facility or detox center	65	1	22
*Transitional housing for homeless persons	198	18	28
Deceased	0	1	1
Other	14	0	14
Don't Know	150	11	87
Refused	9	3	8
Total:	1310	344	877
Stable housing Total:	860	279	605

Note: All asterisked options are considered to be 'more stable housing' for those exiting ES or SSO programs. Transitional housing and temporary tenures are not considered 'more stable housing' for clients exiting TH programs.

III. How long have clients in Permanent Supportive Housing programs retained their housing?

Length of Stay	Total	Percentage
Less than 1 month	10	1.08%
1-2 months	15	1.62%
3-6 months	45	4.86%
7-12 months	67	7.24%
12-24 months	150	16.20%
25 months to 3 years	235	25.38%
4-5 years	128	13.82%
Over 5 years	276	29.81%
Total:	926	100.00%

IV. Of those who exited ES, TH, and SSO programs, what were their sources of income at exit?

Income Source	ES	TH	SSO
Alimony or Other Spousal Support	4	1	4
Child Support	6	3	8
Earned Income	137	133	208
General Assistance	67	9	0
Pension from a former job	4	0	2
Private Disability Insurance	0	0	1
Retirement Income from Social Security	18	4	25
SSDI	61	8	69
SSI	187	18	185
TANF	91	53	88
Unemployment Insurance	24	6	36
Workers Compensation	2	1	2
Veteran's Disability Payment	6	0	5
Veteran's Pension	14	0	3
Other	12	28	14
Unknown	1	0	1
Total (duplicated):	634	877	697

**Note: These income categories are not mutually exclusive. Clients may have reported zero or multiple income sources at time of exit.*

V. How many homeless or formerly homeless persons utilized each project type between January 2009 and December 2009?

Emergency Shelters: 1307

Projects reporting: Brookside Shelter (County Program), Concord Shelter (County Program), GRIP Emergency Shelter (Greater Richmond Interfaith Program), Mountain View House (SHELTER, Inc.), Winter Nights Shelter (Interfaith Council of Contra Costa County).

Transitional Housing: 577

Projects reporting: Project Independence (Rubicon Programs), Appian House (County Youth Program), Bissell Cottages (County Youth Program), Transitional Housing for Families (GRIP), Lyle Morris Family Center (SHELTER, Inc.), Pittsburg Family Center (SHELTER, Inc.), REACH Plus (SHELTER, Inc.), San Joaquin (SHELTER, Inc.).

Support Services Only (Case Management/Life Skills/Housing Assistance) Programs: 3,367

Projects reporting: Money Management (Rubicon), FERST Multi-service Centers (Anka Behavioral Health), Resource Center (GRIP), Project Independence (Rubicon Programs).

Permanent Supportive Housing: 859

Projects reporting: Garden Park Apartments (CCIH), West Richmond Apartments (Rubicon Programs), Shelter Plus Care (County Program), Permanent Connections (County Youth Program), Giant Road Apartments (Rubicon Programs), Permanent Housing for People With Disabilities (GRIP), Idaho Apartments (Rubicon Programs), Mary McGovern (SHELTER, Inc.), Next Step (SHELTER, Inc.), Rapid Re-housing (SHELTER, Inc.), Transitional Housing Partnership Program (SHELTER, Inc.), Sunset (SHELTER, Inc.), HHISN Programs – ACCESS, Access Plus, SIPS-AAA, Project Coming Home, Lakeside Apartments, Villa Vasconcellos.

**Note: These categories are not mutually exclusive. Clients may have participated in more than one project type within the reporting period, and may also be involved in two project types at the same time.*

Contra Costa County's Homeless Continuum of Care

Homeless Demographics Report

For Period: 01/01/2009 – 12/31/2009

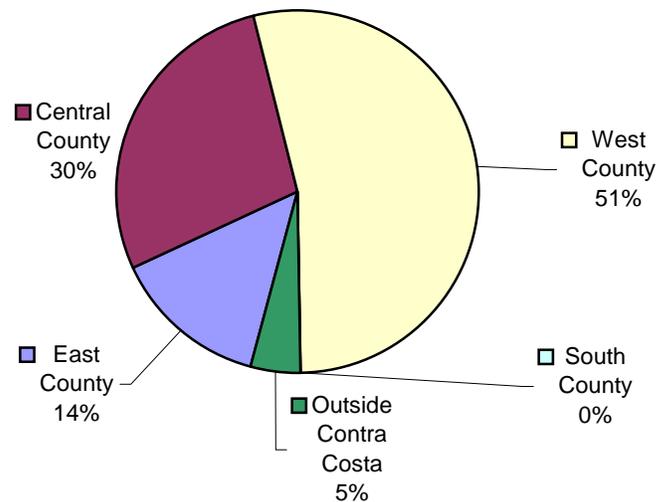
Report Run Date: 3/08/2010

The purpose of this report is to highlight the demographic profile of homeless adults, youth, and families being served in Contra Costa County's Homeless Continuum of Care. This report was prepared by the HMIS Policy Group under the direction of the Contra Costa Inter-Jurisdictional Council on Homelessness (CCICH). HMIS or the Homeless Management Information System gathers unduplicated, continuum-wide statistics from several participating homeless providers. A list of these participating agencies can be found on page 6 of this report.

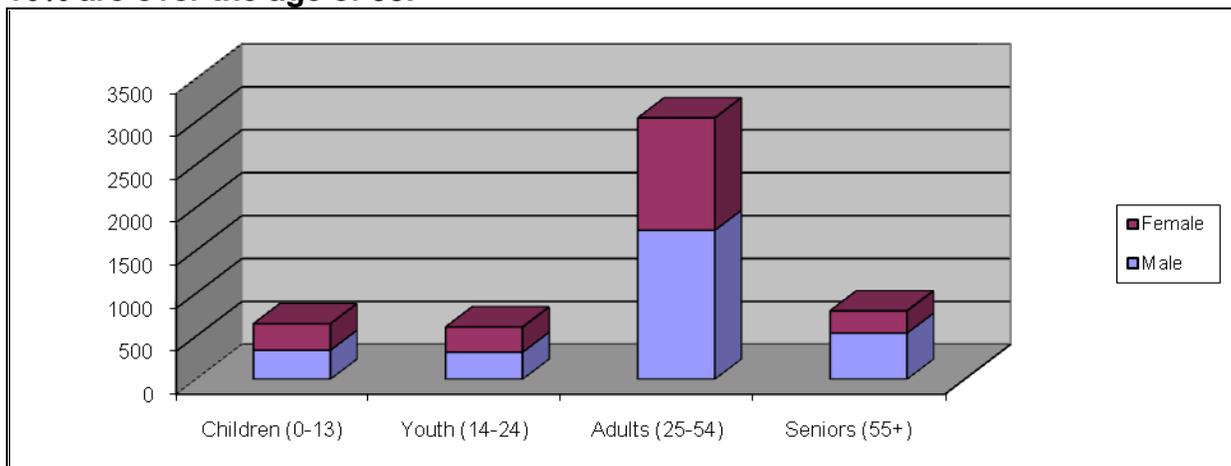
Key Points

1. A total of **5,114** people used homeless services from January 2009 to December 2009
2. Of these, **1,647** people were considered newly identified homeless, or clients that have never before entered our system of services.
3. When individuals were asked, "What city did you come from," a significant percentage said they came from cities in West Contra Costa County.

What region are you from?



4. Nearly 25% of Contra Costa's homeless population is children and youth, and 16% are over the age of 55.



General Assumptions

- a. This report provides unduplicated continuum-wide statistics, using the last day of the report period as the effective point-in-time date. This means that if a client entered several programs (or the same program several times) within the period, this client is counted only once and the report displays only the latest answer to each question **as of the last day of the report period**. For example, using a time period of Jan – Jun '08, if Jane Doe entered 3 distinct programs within the period, and her answer to Prior Living Situation was different on all three occasions, this report will de-duplicate her answer to her latest answer as of June 30th, 2008.

Although this report is regarded as a continuum-wide report, there are several agencies that are not currently participating in the HMIS project and therefore are not represented on this report. These agencies include but are not limited to the Bay Area Rescue Mission, STAND Against Domestic Violence, and the Crisis Center. A list of programs, which ARE currently participating in HMIS, is available on page 6.

- b. There are several questions where no answers are provided, which are represented by the category "Not Stated". A high occurrence of "Not Stated" may be seen for questions that are not required for certain subpopulations (e.g. homeless youth, children, etc.).
- c. In this report, a household without children may represent either a couple with no children or represents a relationship where one adult provides care for the other (e.g. A father and his adult son).
- d. Quality assurance. Several data quality procedures have been instituted to make sure this report represents the best information we have at the current time. All agencies that contribute data are required to abide by our continuum's HMIS Policies and Procedures and have entry and exit protocols in place to ensure admission information is accurately reflected.

Questions and Further Assistance

For questions, please email the County Homeless Program at homelessprogram@hsd.cccounty.us.

Total Homeless Persons Served in Contra Costa

- I. **How many homeless persons were served during the period of January 1, 2009 – December 31, 2009?** 5,114 individuals.
- II. **Of those served, how many were newly identified homeless (clients that have never before entered our system of services)?** 1,647 individuals.
- III. **What is the demographic profile of all homeless clients served during period?**

1. Where participants presented themselves as homeless:

City Slept In Last Night	Total	Percentage	Newly Homeless
Antioch	355	6.94%	108
Concord	876	17.13%	242
Martinez	214	4.18%	68
Pittsburg	140	2.74%	46
Richmond	1748	34.18%	565
San Pablo	193	3.77%	69
Walnut Creek	30	0.59%	11
Other Central County	95	1.86%	35
Other East County	88	1.72%	31
Other South County	7	0.14%	4
Other West County	124	2.42%	61
Outside Contra Costa County	182	3.56%	102
Unspecified Contra Costa	32	0.63%	0
Invalid or Not Stated	1030	20.14%	305
Total:	5,114	100.00%	1,647

Note: Several questions are asked about each participant's geographic origin, including where they spent the previous night, what is their current address, and where they last resided for at least 90 days. Acknowledging that no single response offers an accurate picture of where each person found himself or herself homeless, we report where participants spent the previous night (before entering continuum services) wherever possible. Where this is unavailable, we report where they last resided for at least 90 days.

2. Gender:

Gender	Total	Percentage	Newly Homeless
Female	2171	42.45%	730
Male	2933	57.35%	908
Transgender	2	0.04%	0
Not Stated	8	0.16%	9
Total:	5,114	100.00%	1,647

3. Household configuration:

Household Configuration	Total	Newly Homeless
Households without children	823	262
Households with children	476	192
Households of one (single individuals)	3,436	1,098

4. Age (calculated based on this report's run date)

Age Range	Total	Percentage	Newly Homeless
0-5	304	5.94%	134
6-13	343	6.71%	120
14-17	132	2.58%	43
18-24	477	9.33%	223
25-34	766	14.98%	263
35-44	941	18.40%	293
45-54	1,337	26.14%	371
55-61	594	11.62%	146
62+	211	4.13%	45
Not Stated	9	0.18%	9
Total:	5,114	100.00%	1,647

5. Employment status:

Unemployed?	Total	Percentage	Newly Homeless
No	523	10.23%	114
Yes	3110	60.81%	732
Not Stated	1,481	28.96%	801
Total:	5,114	100.00%	1,647

6. Chronic homeless status of total served participants:

Is the client chronically homeless?	Total	Percentage	Newly Homeless
No	2,968	58.04%	1,069
Yes	1,405	27.47%	277
Not Stated	741	14.49%	301
Total:	5,114	100.00%	1,647

Note: Chronically homeless persons are defined as unaccompanied individuals who have a disability and have been continuously homeless for a year or longer, or 4 times in the past 3 years.

7. Race and Ethnicity of total served participants:

Race and Ethnicity	Total	Hispanics	Percentage	Newly Homeless
White	2,140	284	41.85%	587
Black/African American	2,341	26	45.78%	820
Asian	50	1	0.98%	15
American Indian/Alaskan Native	351	287	6.86%	145
Native Hawaiian/Other Pacific Islander	72	10	1.41%	27
Asian & White	3	0	0.06%	0
Am. Indian/Alaskan Native & Black African Am.	14	5	0.27%	12
American Indian/Alaskan Native & White	47	12	0.92%	7
Black/African American & White	28	3	0.55%	5
Other Multi-Racial	60	5	1.17%	20
Race Not Stated	8	0	0.16%	9
Total:	5,114	633	100.00%	1,647

Note: We follow HUD conventions for describing race and ethnicity. Persons are separately asked which racial category (-ies) they identify themselves as, and whether or not they identify as Hispanic.

8. Monthly income level of total served participants:

Monthly Income Level	Total	Percentage	Newly Homeless
\$0	2,440	47.69%	917
\$1-500	432	8.45%	155
\$501-\$1k	1,554	30.39%	395
\$1001-\$3k	601	11.75%	158
\$3001-\$5k	23	0.45%	9
over \$5k	6	0.12%	2
Not Stated	58	1.13%	11
Total:	5,114	100.00%	1,647

Note: Income includes all sources of income, from employment income to government income

9. Clients with Disabilities

Disabling Condition	Total	Percentage	Newly Homeless
Don't Know (HUD)	99	1.94%	3
No (HUD)	2,173	42.49%	837
Refused (HUD)	5	0.10%	0
Yes (HUD)	2,780	54.36%	797
Not Stated	57	1.11%	10
Total:	5,114	100.00%	1,647

10. Types of Disabilities reported by clients who reported to have a disabling condition:

Disability Type	Total	Percentage	Newly Homeless
Alcohol Abuse (HUD 40118)	1,304	25.50%	255
Both Alcohol and Drug Abuse (HUD 40118)	112	2.19%	8
Chronic Health Condition	77	1.51%	2
Developmental (HUD 40118)	108	2.11%	33
Drug Abuse (HUD 40118)	1,343	26.26%	255
HIV/AIDS (HUD 40118)	91	1.78%	6
Mental Health Problem (HUD 40118)	1,515	26.62%	262
Other	109	2.13%	21
Physical (HUD 40118)	0	0.00%	56
Physical/Medical (HUD 40118)	1,012	19.79%	166
Total:	5,671	100.00%	1,064

Note: Unlike all other sections of this report, these categories are not mutually exclusive. Many participants reported multiple disabilities.

IV. How many homeless or formerly homeless persons utilized each project type between January 2008 and April 2009?

Permanent Supportive Housing: 860

Projects reporting: Garden Park Apartments (CCIH), West Richmond Apartments (Rubicon), Shelter Plus Care (COHP), Giant Road Apartments (Rubicon), PHPWD (Greater Richmond Interfaith Programs), Idaho Apartments (Rubicon), Mary McGovern (SHELTER, Inc.), Next Step (SHELTER, Inc.), Rapid Re-housing (SHELTER, Inc.), Transitional Housing Partnership Program (SHELTER, Inc.), Sunset (SHELTER, Inc.), HHISN Programs – ACCESS, Access Plus, SIPS, PCH, Lakeside.

Transitional Housing: 558

Projects reporting: Project Independence (Rubicon), Appian House (County Youth Program), Bissell Cottages (County Youth Program), Transitional Housing for Families (GRIP), Lyle Morris Family Center (SHELTER, Inc.), Pittsburg Family Center (SHELTER, Inc.), REACH Plus (SHELTER, Inc.), San Joaquin (SHELTER, Inc.).

Case Management/Life Skills/Housing Assistance Programs: 3,369

Projects reporting: Money Management (Rubicon), FERST Multi-service Centers (Anka), Resource Center (GRIP), Project Independence (Rubicon).

Emergency Shelters: 1,316

Projects reporting: Brookside Shelter (County Program), Concord Shelter (County Program), Emergency Shelter (GRIP), Mountain View House (SHELTER, Inc.), Winter Nights Shelter.

**Note: These categories are not mutually exclusive. Clients may have participated in more than one project type within the reporting period, and may also be involved in two project types at the same time.*

Contra Costa County HMIS Project

Living Situation at Discharge (Permanent Housing Only)

Period Start Date: 1/1/2008 12:00:00 AM

Period End Date: 1/1/2010 12:00:00 AM

Total discharge records in continuum: 6,027

Total Discharged and Destination	Client Count	Percentage
Foster care home or foster care group home (HUD)	6	0.10%
Other (HUD)	55	0.91%
Owned by client, no housing subsidy (HUD)	12	0.20%
Owned by client, with housing subsidy (HUD)	3	0.05%
Own house/apartment	99	1.64%
permanent supportive housing for formerly homeless persons (s	1	0.02%
Permanent supportive housing for formerly homeless persons(st	146	2.42%
Rental by client, no housing subsidy (HUD)	247	4.10%
Rental by client, other (non-VASH) housing subsidy (HUD)	133	2.21%
Rental by client, VASH Subsidy (HUD)	17	0.28%
Rental room/house/apartment	1,089	18.07%
Staying in a family members room/apartment	633	10.50%
Staying in a friend's room/apartment/house	287	4.76%
Staying or living with family, permanent tenure (HUD)	105	1.74%
Staying or living with family, temporary tenure (e.g., room, apartr	113	1.87%
Staying or living with friends, permanent tenure (HUD)	79	1.31%
Staying or living with friends, temporary tenure (e.g., room aparti	139	2.31%
Total Discharged (may contain duplicate clients):	3,164	52.50%

* Note: Some clients may have multiple entries and exits. Thus, Total Discharged does not reflect an unduplicated number of clients.

Calli Shelter Report

Report Run Date: 5/19/10

Period Start: 1/1/2009 12:00:00 AM

Period End: 1/1/2010 12:00:00 AM

1. Total Number Served = 127 total records
104 unduplicated

Where were you living prior to entering this CCYCS program?	Total	Percentage
Alameda County	26	20.47%
Antioch	8	6.30%
Bay Point	4	3.15%
Clayton	1	0.79%
Concord	4	3.15%
Danville	1	0.79%
Discovery Bay	1	0.79%
El Cerrito	2	1.57%
El Sobrante	1	0.79%
Hercules	3	2.36%
Orinda	1	0.79%
Other County not listed here	17	13.39%
Pinole	4	3.15%
Pittsburg	2	1.57%
Pleasant Hill	1	0.79%
Richmond	42	33.07%
San Pablo	6	4.72%
Santa Clara County	1	0.79%
Solano County	2	1.57%
Total:	127	100.00%

Age Range	Total	Percentage
18	12	9.45%
19-21	99	77.95%
22-24	11	8.66%
14-15	3	2.36%
16-17	2	1.57%
Total:	127	100.00%

Race	Total	Hispanics	Percentage
Black or African American (HUD)	71	3	55.91%
White (HUD)	28	0	22.05%
American Indian or Alaska Native (HUD)	21	16	16.54%
Asian (HUD)	4	0	3.15%
American Indian or Alaska Native (HUD) and White (HUD)	1	1	0.79%
Black or African American (HUD) and American Indian or Alaska Native (HUD)	1	1	0.79%
Native Hawaiian or Other Pacific Islander (HUD)	1	0	0.79%
Total:	127	21	100.00%

Income Level	Total
\$0	89
\$1-500	11
\$501-\$1k	23
\$1001-\$3k	4
Total:	127

Gender	Total	Percentage
Female	60	47.24%
Male	67	52.76%
Total:	127	100.00%

Household Configuration	Total	Percentage
Family with Children	6	4.72%
Single	121	95.28%
Total:	127	100.00%

Prior Living Situation	Total	Percentage
Emergency shelter, including hotel or motel paid for by HUD	38	29.92%
Foster care home or foster care group home (HUD)	4	3.15%
Hotel or motel paid for without emergency shelter	1	0.79%
Jail, prison or juvenile detention facility (HUD)	2	1.57%
Other (HUD)	1	0.79%
Owned by client, no housing subsidy (HUD)	1	0.79%
Place not meant for habitation inclusive of 'non-housing' facilities	23	18.11%
Rental by client, no housing subsidy (HUD)	2	1.57%
Staying or living in a family member's room, apartment or house	22	17.32%
Staying or living in a friend's room, apartment or house	21	16.54%
Transitional housing for homeless persons (including emergency shelter)	12	9.45%
Total:	127	100.00%

Disabilities	Total	If Disability Type is Other:
Alcohol Abuse (HUD 40118)	8	as a child
Both alcohol and drug abuse (HUD 40118)	1	asthma
Chronic Health Condition	3	Asthma Epilepy
Developmental (HUD 40118)	7	* T LEARNING disabilities
Drug Abuse (HUD 40118)	11	Seizures
Mental Health Problem (HUD 40118)	57	
Other	1	
Physical (HUD 40118)	2	
Physical/Medical (HUD 40118)	4	
Total:	94	

Source of Income	Total
Earned Income (HUD)	14
General Assistance (HUD)	11
Other (HUD)	2
SSDI (HUD)	3
SSI (HUD)	24
TANF (HUD)	2
Unemployment Insurance (HUD)	1
Total:	57

* This total will not match intake total if 1 or more clients have more than one source of income.

3. Total Discharged During Period = 118 (cannot be de-duplicated)

City Of Origin	Total	Percentage
Alameda County	13	11.02%
Antioch	6	5.08%
Byron	1	0.85%
Concord	8	6.78%
El Sobrante	3	2.54%
Hercules	1	0.85%
Martinez	1	0.85%
Other County not listed here	6	5.08%
Other part of Contra Costa	1	0.85%
Pacheco	2	1.69%
Pinole	1	0.85%
Pleasant Hill	1	0.85%
Port Costa	2	1.69%
Richmond	56	47.46%
San Francisco County	1	0.85%
San Pablo	6	5.08%
Solano County	1	0.85%
zzNull	8	6.78%
Total:	118	100.00%

Reason For Leaving	Total	Percentage
Completed program	39	33.05%
Left for housing opp. before completing program	36	30.51%
Criminal activity / violence	14	11.86%
Other	12	10.17%
Unknown/Disappeared	7	5.93%
Non-compliance with program	6	5.08%
Disagreement with rules/persons	3	2.54%
Needs could not be met	1	0.85%
Total:	118	100.00%

Discharge Living Situation	Total	Percentage
Don't Know (HUD)	5	4.24%
Emergency shelter, including hotel or motel paid for	22	18.64%
Foster care home or foster care group home (HUD)	1	0.85%
Hotel or motel paid for without emergency shelter v	1	0.85%
Jail, prison or juvenile detention facility (HUD)	7	5.93%
Other (HUD)	2	1.69%
Psychiatric hospital or other psychiatric facility (HUD)	4	3.39%
Rental room/house/apartment	1	0.85%
Staying in a family members room/apartment	13	11.02%
Staying in a friend's room/apartment/house	10	8.47%
Staying or living with family, permanent tenure (HUD)	7	5.93%
Staying or living with family, temporary tenure (e.g.,	5	4.24%
Staying or living with friends, temporary tenure (e.g.	6	5.08%
Substance abuse treatment facility or detox center (2	1.69%
Transitional housing for homeless persons (includin	32	27.12%
Total:	118	100.00%

If Other:
board and care
Board and Care

located throughout the County, designated specifically for homeless patients to help them transition from the mobile clinic setting into the ambulatory care system. HCH staff members are present at each of these clinics.

During 2009, CCHS treated 15,094 homeless patients who generated 96,572 visits. This is an increase from 2008, when CCHS saw 12,372 homeless patients who generated 82,432 visits. The increase is likely due to the economic recession, which placed further demand on the safety-net system, including CCHS.

Table 1 (below) indicates the Board of Supervisor's District where homeless patients reside. If no residential zip code data are available, the zip code where a patient received care is used.

Table 1: Percent of Homeless Patients by Supervisorial District, 2009

District 1- Supervisor Gioia	31%
District 2- Supervisor Uilkema	15%
District 3- Supervisor Piepho	2%
District 4- Supervisor Bonilla	20%
District 5- Supervisor Glover	31%

The attached presentation contains additional demographic information on our HCH population.

New Actions

The following activities have occurred since the last briefing to the Board of Supervisors on HCH activities:

American Recovery and Reinvestment Act Funding

In May 2009, the HCH Project was awarded an additional \$220,000 in stimulus funds to address the "Increased Demand for Services." This amount of funding was calculated by a formula based on the number of homeless patients served by the HCH Program. Funding is for a two-year period and is providing services to additional homeless patients.

In July 2009, the HCH Project received a Capital Improvement Project award to replace the Martinez Family Practice Site (Building 2 on the CCRMC Campus) with a new modular building. This project will modernize the clinic and streamline clinic flow for maximum efficiency. The new unit will enhance the effectiveness and efficiency of providing clinical services to patients through reduced waiting times for clinic appointments at the Martinez site and throughout the CCHS

system. A homeless-specific clinic will be offered at this site upon its opening. Funding for this project was calculated on a formula basis at \$683,000. During the past year, CCHS devoted time to meeting all conditions associated with the grant award prior to beginning construction. The federal government is currently reviewing all documents and we expect to proceed with demolition of the antiquated structure and its replacement.

In December 2009, Supervisor Gioia and Dr. Walker were invited to the White House for the exciting announcement by President Obama regarding the Facility Investment Awards by the Department of Health and Human Services. CCHS received \$12 Million in ARRA funds for the construction of a new West County health center, to replace the Richmond Health Center. The past six months have been a particularly busy time as CCHS negotiates the final agreements for this site, led by Patrick Godley, CFO/COO in conjunction with Supervisor Gioia. We anticipate that environmental studies will soon be underway, and that construction will begin after those submissions are approved by the funder.

Stimulus funds through the ARRA have provided close to \$13Million for services and facilities improvement.

Respite Care Program Opening June 2010

Under the direction and leadership of Cynthia Belon, Director of County Office of Homeless Programs, the respite care program will open this month, with a 24-bed capacity to serve approximately 380 clients annually with a higher level of care than what is currently provided in the emergency shelter. HCH staff will provide the medical care on site in this new unit.

Kate Schwertscharf, HCH Public Health Nurse Program Manager, has developed medical policies regarding patient acuity for this program, in collaboration with the HCH Medical Director, Dr. Kate Colwell, and Ms. Belon. To prepare for the respite program, HCH has been setting up the clinic to be located in the respite facility and updated its policies and protocols for taking discharge planning phone calls from local hospitals looking to discharge homeless patients to a shelter. Upon admission to the respite unit from a local hospital, a diagnostic medical assessment and treatment plan will be developed for each client. Medical providers on sight will coordinate with primary care physicians and/or hospital staff in our integrated health care delivery system. The anticipated average length of stay will be 14-21 days, or whenever the homeless client is medically stable and can transition into the general emergency shelter population.

Rentry Program for Individuals Exiting Incarceration

The HCH program has also been working in collaboration with the County Office of Homeless Programs, the Mental Health Division, and Dr. Walker's office to address the transition of prison inmates back into our communities, including those to be released under Non-Revocable Parole, those being given "compassionate" release for medical reasons, and others. In particular, the role

of the HCH Program has been to develop systems that help clients gain access to primary, specialty, and behavioral health care and establish a medical home.

Pro-Bono Dental Health Services for Homeless Clients

The Homeless Consumer Advisory Board and HCH recently launched a new partnership with a small group of private dental providers who will provide services free of charge to homeless individuals who do not qualify for dental coverage through other programs. The Advisory Board has been a strong advocate about the need for this free service given a lack of affordable dental services, and we are very pleased that a pilot program will address some of this unmet need. The first client has been receiving free treatment and she will soon have a set of dentures, at no cost, courtesy of the generous care from Dr. Alijanian, DDS, of Walnut Creek. Dental services are essential to regaining employment and exiting homeless.

Summary

This has been an exciting and busy time of growth and planning for the HCH program in CCHS. We expect that our next report will have significant updates on the milestones achieved for these new projects, while we also work hard to sustain the ongoing work of the mobile clinic team and homeless ambulatory care clinics.

*Health Care for the Homeless
Contra Costa Health Services*

Presentation to the
Family & Human Services Committee
Contra Costa County Board of Supervisors
June 7, 2010

Andrea DuBrow, MSW, MPH
Administrative Manager

Kate Schwertscharf, PHN
Nurse Program Manager

Who qualifies as “Homeless?”

- All homeless people in Contra Costa County
 - Lacking a fixed, regular, adequate nighttime residence
 - Primary nighttime residence in a shelter, welfare hotel, transitional housing
 - “Doubled-up” without name on a lease, couch surfing, etc.

Funding for HCH Services

- *Section 330(h) Public Health Services Act*
Health Care for the Homeless grant from the Federal Government (BPHC/HRSA) – approx. \$850K

ARRA Funding Received

- Increased Demand for Services- \$220K for two years from the Recovery Act, to provide services to additional homeless patients.
- Capital Improvement Funds - \$683K to replace Martinez bldg 2 with new modular unit
- \$12 Million award to rebuild Richmond Health Center

Number of Patients in 2009

- 15,094 unduplicated homeless patients
- 96,572 visits: mobile clinics, ambulatory clinics, emergency department, mental health, substance abuse programs.

Number of Patients in 2008

- 12,372 unduplicated homeless patients
- 82,432 visits: mobile clinics, ambulatory clinics, emergency department, mental health, substance abuse programs.

How Patient Demand is Growing Over Time:

- 2007 vs. 2008:
 - 20% increase in number of patients served
 - 10% increase in number of patient visits
- 2008 vs. 2009:
 - 22% increase in patients
 - 17% increase in visits

Why the increase?

- Expanded ability to provide services through increased grant funding
- Economic situation creating increased demand
- *Contra Costa Times* article, “Local community clinics and public hospitals see big jump in uninsured patients” stated:
 - *“Costa Regional Medical Center has seen a 12 percent boost in emergency room patients in the past year. It typically has less than a 5 percent increase.”*
- Statewide, California hospitals reported a 33 percent increase in uninsured emergency room patients and a 73 percent jump in consumers having difficulty paying their out-of-pocket medical bills, according to a November survey by the California Hospital Association.

HCH Services

- **Mobile Clinic:**
 - routine physical assessments
 - basic treatment of primary health problems such as minor wounds and skin conditions
 - treatment for respiratory problems
 - TB testing
 - acute communicable disease treatment
 - referrals for follow up in ambulatory/specialty care
 - substance abuse and mental health services

2 Mobile Clinic Teams, 5 days a week

- Adult Emergency Shelters
Concord & Richmond
- Calli House (youth), Richmond
- Bay Area Rescue Mission
- GRIP Souper Center & Family
Shelter, Richmond
- Neighborhood House of North
Richmond
- Monument Futures, Concord
- Monument Corridor
- Home Depot : El Cerrito,
Pittsburg, Concord
- Loaves & Fishes, Antioch
- Rivertown Resource Ctr, Antioch
- Multi-Service Centers, Richmond,
Antioch
- AOD Treatment Facilities
- St. Paul's, Walnut Creek
- Ambrose Community Center,
Baypoint
- Love-A-Child, Baypoint

Ambulatory Care Clinics

- Operate specialized homeless clinics in the Richmond, Concord and Antioch health centers for homeless patients
 - Bypasses waiting times for appointments
 - Bypass financial counseling process
 - Make the process more “user friendly” for homeless patients
 - Helps patients transition to mainstream health care delivery system

Ambulatory Care, Specialty, & Hospital Services

- 3 ambulatory care clinics specifically for homeless patients at Richmond, Concord, Antioch
- Family practice care
- Specialty care
- Outpatient surgery
- Emergency Department
- Inpatient care
- Laboratory
- Radiology
- Pharmacy

Mental Health Services

- Mental Health Treatment Specialist provides screenings, assessments, referrals into the Mental Health system for medication and treatment of clients in the shelters and at other mobile clinic sites

Alcohol and Other Drug Services

- Substance Abuse Treatment Specialist provides screenings, referrals, and coordination of detox and recovery services specifically for homeless patients in shelters and other mobile clinic sites

Patient Demographics 2009

- 51% male
- 49% female
- 22% of homeless patients are completely uninsured, on no publicly-funded program
- 53% Medi-Cal; 2% Medi-Care
- All of our patients at 100% of the Federal Poverty Level and below.

Race/Ethnicity in 2009

Race	HCH	County
White	35%	51%
Latino/Hispanic	27%	23%
Black/African American	23%	9%
Asian/Pacific Islander	8%	14%
American Indian/Alaskan Native	0.05%	0.3%
Unknown	5%	2%

Which Supervisor Districts were Patients from in 2009?

I- Supervisor Gioia	31%
II- Supervisor Uilkema	15%
III- Supervisor Piepho	2%
IV- Supervisor Bonilla	20%
V- Supervisor Glover	31%
Total	100%

Which Supervisor Districts were Patients from in 2007 & 2008?

District	2007	2008
I- Supervisor Gioia	39%	30%
II- Supervisor Uilkema	10%	13%
III- Supervisor Piepho	8%	6%
IV- Supervisor Bonilla	17%	19%
V- Supervisor Glover	23%	26%
Other	3%	5%

Strong Consumer Involvement

- Active consumer advisory board
 - Helped to create pro-bono dental services for homeless clients; first patient is receiving services and will receive a free set of dentures courtesy of Dr. Alijanian in Walnut Creek
 - Consumer attended National Health Care for the Homeless Conference in S.F. last week

Challenges & Opportunities

- Respite Care program- opening this week! HCH is pleased to collaborate with COHP to provide higher level of medical care to medically fragile shelter clients.
- Discharge Planning – improving outcomes for homeless patients leaving the hospital through planning and collaboration with local hospitals, HCH, and COHP .

Challenges & Opportunities

- Rentry program for inmates exiting incarceration – developing systems for establishing medical home and behavioral health care for parolees, in conjunction with COHP, Mental Health, CCHS Director's Office.
- Developing new strategies to provide clinical care to homeless in encampments along with the Project HOPE team, despite recent budget cuts.
- Two public health nurses are providing medical case management at each adult shelter through creative funding streams

Employment and Human Services Department
Contra Costa County

TO: Family and Human Services Committee
Supervisor Federal Glover, Chairperson
Supervisor Gayle B. Uilkema, Vice Chairperson

FROM: Joe Valentine, Director, Employment and Human Services Department
Rhonda Smith, FACT Staff

RE: FY 2010-2011 Child Care Affordability Funding Recommendation

DATE: May 28, 2010

RECOMMENDATION(S)

The Director of the Employment and Human Services Department recommends that the Family and Human Services Committee accepts this report of the current status of the Child Care Affordability Fund from the Family and Children's Trust Committee (FACT) and direct FACT to negotiate a contract for the period July 1, 2010 through June 30, 2011 with the Contra Costa Child Care Council in the amount of \$250,000.

The Director further recommends that this Committee appoint the following members to at-large seats on the FACT Committee:

- | | |
|---|---|
| 1. Alicia Coleman-Clark
5467 Benntree Way
Antioch, CA 94531
H: (925) 726-4955
C: (925) 727-9027
Arcc22@aol.com | 3. Mary Calvo
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| 2. Marianne Gagen
22 Toyon Terrace
Danville, 94526
P: 925-837-3603
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mgagen@pacbell.net | 4. Kamilah Bell
151 Paradise Dr. #8
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C: 510-228-5559
kamariasmommy@hotmail.com |

BACKGROUND

In 1991, the Board of Supervisors earmarked \$250,000 of Transient Occupancy Tax (TOT) from the Embassy Suites Hotel to support/expand county-wide child care for low-income families. In 1997, the Board approved a recommendation from the Family and Human Services Committee that the Family and Children's Trust Committee (FACT) be responsible for establishing priorities for use of the Child Care Affordability funds, developing and managing the competitive process for awarding these monies, and monitoring the resulting programs for contract compliance and achievement of outcomes. In 2002, the Board approved a two-year funding cycle for disbursement of the funds.

Effective July 1, 2008 the 2008-2009 County budget modified the funding stream such that Childcare Affordability funds would no longer be generated from the revenue of the Transient Occupancy Tax but, instead, be funded by residual funds in the County Employee's Dependent Care Account. The \$250,000 appropriation for Child Care Affordability is now transferred to EHSD each year from the Dependent Care account, to support the Childcare Affordability contracts.

The resulting change in the funding stream created an unanticipated situation that the Committee addressed in January, 2009 when it elected to continue funding its current contract and future contracts at the same \$250,000 level until the funds were exhausted. It is anticipated that the Child Care Affordability funds will be depleted by the end of FY2012-2013.

The following report details the activities of the FACT Committee since its last presentation to FHS.

NEEDS ASSESSMENT

In August, 2009, staff to the FACT Committee met with FHS to outline a process for determining the priorities for the forthcoming 2010-2011 Child Care Affordability Request for Proposal (RFP). The FACT Committee conducted a needs assessment process in the fall of 2009. Meetings were held with key stakeholders in the county's child care network and web-based and in-person questionnaires (in Spanish and English) were administered to over 250 professionals, parents, and other community members.

The FACT Committee received a total of one hundred and ten (110) respondents to the survey of which twenty-nine (29) were from a parent or grandparent.

Additionally, the FACT Committee invited a variety of Stakeholders to discuss current, pressing, child care needs, gaps and challenges that could best be met with Child Care Affordability funding. Stakeholders included representation from the Employment & Human Services Department, Children & Family Services, the Child Care Council, Professional Association of Childhood Educators, the First Five Commission, and the Child Abuse Prevention Council.

A review of both processes revealed an overarching theme in the current landscape of childcare and its relevant challenges. Parents and providers alike expressed that the current state of the economy has made it very difficult for the working poor and parents who are in school and or training programs to access quality childcare. The greatest area of need was for families with toddler and preschool aged children (2-5 years). As in past needs assessments, both families/community members and the “professionals” were clear that subsidy support needed to be “parent-choice” (with respect to type of child care).

Accordingly, the FACT Committee identified following priority for the 2010-2011 RFP:

❖ **The provision of parent-choice child care subsidies for low-income working parents and/or parents in school or work training programs who have toddlers needing child care or children who would benefit from preschool enrollment.**

Low income working families and/or unemployed parents in school or work training programs constitute a group with significant unmet child care needs. The wages of low income working parents often put them marginally above the income eligibility cut-offs for federal or state supported child care. Without child care services, one or both parents can be forced to give up their employment in order to stay home and care for their children.

Likewise, parents who are attempting to remain in school or parents enrolled in work training programs cannot continue those endeavors or meet their school or work commitments if child care is not available to them.

In each of these situations, the complexity of the family circumstances requires flexible care-giving placements. The FACT Committee sought applicants for the RFP who could provide a range of child care options, including licensed and exempt child care settings and center-based care, so that parents could choose the highest quality of child care that best suits their individual needs.

Additionally, the FACT Committee continues to require an established set of guiding principles for all programs supported by FACT funds. All programs will strive to:

1. Strengthen families and their ability to nurture, support and care for their children;
2. Recognize and value the diversity of families and promote access to services for all families;
3. Support implementation of programs that use the best that research and experience have to offer;
4. Support and encourage collaboration that leverages resources, enhances services, and links systems, and

5. Encourage community and consumer participation in program development, implementation and assessment.

RFP PROCESS, 2010

Using the above priorities and principles, the FACT Committee and the Contracts Unit of EHSD developed RFP #1113, which was approved by County Counsel and the Board for release in March, 2010.

The RFP was released on March 12, 2010 via all local newspapers, email announcements to a list of current child care agencies/programs, and was also posted on the EHSD web.-site. A mandatory Bidders Conference was held on March 29, 2010 and proposals were due April 21, 2010.

There was one respondent to the RFP, the Contra Costa Child Care Council. The FACT Committee undertook a rigorous evaluation and scoring process of the proposal and the Fiscal Department of EHSD reviewed and scored the financial information.

The proposal was scored very highly by all FACT members as well as the Fiscal Department. At the open Rating and Review meeting held on May 6, 2010, FACT Committee members voted unanimously to recommend the Contra Costa Child Care Council for funding (\$250,000) for FY 2010-2011.

The FACT Committee followed an extensive, equitable and open process in the conduct of the needs assessment, RFP development, and the rating and review of the submitted proposal. The FACT Committee is recommending that a contract is awarded to Contra Costa Child Care Council for one year with the possibility of renewal pending the availability of funds, satisfactory contract compliance, and achievement of outcomes.

FACT MONITORING PROCESS

Over the years, FACT Committee members and staff have developed a thorough and consistent monitoring process for contractors that focus on financial accountability, collection and analysis of performance and outcome data and assessments of direct project “operations” and program quality via comprehensive site-visits by teams of Committee members. The monitoring process includes the following:

❖ *Financial Monitoring*

Project expenditures are tracked by FACT staff and the Contracts Unit of EHSD on a monthly basis to ensure contactors are adhering to all budgetary requirements. Back-up documentation of line-item expenditures is reviewed before payments are authorized. Any significant variation in a line item from the approved budget must be resolved and changes approved in writing before payment will be authorized.

This close monitoring assists in the detection of any possible over/under-spending and allows mid-contract adjustments to be made rather than end-of-the-year adjustments that often have implications for the following fiscal year.

❖ *Performance and Outcome Assessment*

Contractors are required to complete a bi-annual assessment questionnaire specifically developed to document their progress toward meeting both the service delivery and outcome objectives of the project as stated in their proposals. These include descriptions of program philosophy, outreach, intake, service provision, termination and follow-up procedures, in addition to the quantitative indicators of contract compliance (i.e. numbers of families served, demographic information, etc.).

❖ *Project Site-Visits*

Teams of FACT members/staff conduct site-visits to each project. The site-visits provide an opportunity to follow-up on any issues or questions that surfaced when reviewing the data forms and allow team members to see and understand the programs' operations in more depth than can be captured through the submitted data alone. In particular, team members conduct facility assessments and have the opportunity to interact with both the administrative and line staff of the programs to discuss the successes and challenges facing the programs. Having staff members "walk" them through a typical day provides invaluable information about the breadth of services available.

FACT has always viewed these site-visits as a monitoring tool, but equally importantly, a mechanism for providing technical assistance to the project staff when issues of concern have been observed, or when staff articulate problems with which they have been grappling. Over time, FACT Committee members have worked with many contractors that have encountered most of the same service delivery problems and can share solutions that have proved successful elsewhere. Developing cooperative relationships with the contractors to jointly focus on improved service delivery has been a hallmark of FACT's approach to program oversight.

CURRENT CONTRACTOR REPORTS

Contra Costa Child Care Council provides parent-choice subsidies for families based on the priorities developed from the 2008 FACT Needs Assessment which determined that the highest priority for services was "the provision of parent-choice child care subsidies for families with open child welfare system cases and for homeless families with children where the provision of child care could prevent out-of-home placement, maintain a stable relative-caregiver placement, or improve the development of homeless children.

In addition to administering the subsidy program, Contra Costa Child Care Council provides the families receiving assistance: 1) free workshops, education and resources to parents to help them build strong families and make the best child care choices; 2) free child care referrals to give parents choices and help parent meet their life/work needs; and 3) free or minimal cost training for child care providers to help them build sustainable businesses and to provide quality, healthy, and age-appropriate care, including caring for children with special needs.

Over the past year, 70 children from 40 families have received much needed supportive childcare assistance from the Council. The average age for children receiving childcare services is 3.4 years, with the youngest child being 6 months old and the oldest being twelve years. 50% of child care providers are Licensed Child Care Centers, while 41% are Family Childcare Homes and 6% of the children are cared for by an approved relative. Child care providers are geographically located throughout the entire county with Central County having a majority of service providers at 48%. East and Far East hosts 37% of all service providers and West County hosts 15%.

The FACT Committee believes that Contra Costa Child Care Council has provided exemplary services to children and their families as indicated by data collection, contract monitoring, and site-visits. At this time, the Council has successfully met their goals and objectives of their contract obligations.

The FACT Committee strongly endorses Contra Costa Child Care Council as the successful bidder of the Child Care Affordability Funds RFP FY 2010 process and hopes the Family and Human Services Committee agrees to forward this recommendation to the full Board for approval.

NOMINEES FOR MEMBERSHIP

Over the course of the last six months, the FACT Committee has made every effort to fill its vacant seats, including its at-large member's seats. The efforts include contacting each district Supervisor's office and releasing a public notice in February 2010, inviting interested parties to consider membership and soliciting the support of current members to outreach to potential candidates for consideration for membership.

The FACT committee currently has four (4) candidates for appointment to at-large seats. All candidates have expressed a sincere interest in serving on the Committee and are dedicated to fulfilling the mission and goals as outlined in the Committees' policies and procedures. The following members are requesting membership:

Alicia Coleman-Clark: Ms. Coleman-Clark has a professional background in Project and Business Management, Ms Coleman-Clark has dedicated her time to advocacy for children with special needs. To that extent, she brings to the committee a wealth of knowledge in helping families navigate multiple systems and access vital resources necessary for family stability and child well-being. As a parent consumer of many

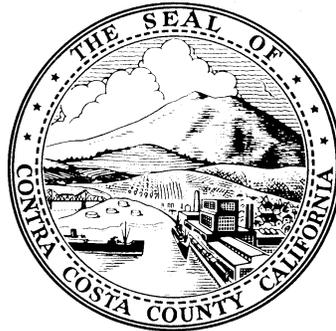
special needs services, Ms. Clark-Coleman provides an insight into the barriers in accessing and the gaps of services for children with special needs and their families.

Marianne Gagen: Ms. Gagen is a retired K-12 educator and continues to be involved with Education Foundations and Advisory Boards including the Corporate Advisory Committee, School of Education, St. Mary's College. Ms. Gagen has spent considerable time and energy to the development of programs that support the education of children and youth.

Mary Calvo: Ms. Calvo is a Parent Project Facilitator working with migrant families and at-risk students and their families. A current educator for students in alternative learning communities grades sixth through eighth, Ms. Calvo has first hand knowledge of the issues surround the youth of our county and the impact of failing to address those issues.

Kamilah Bell: Ms. Bell has worked in the mental health field for over eight years serving both individuals and families. Ms. Bell is interested in community building and empowering families to become involved in leading healthier lifestyles. She believes that her membership on the FACT Committee will allow her the opportunity to ensure that quality programs are offered to inner city communities and for the underserved populations.

**Contra Costa County
Veterans Service Office**



- ☒ 10 Douglas Drive, # 100
Martinez, CA 94553-4078
(925) 313-1481 FAX (925) 313-1490
- ☐ 100 – 37th Street, #1033
Richmond, CA 94805
(510) 374-3241 FAX (510) 374-7955

PHILLIP A. MUNLEY
County Veterans Service Officer

Jill Martinez
Branch Office Manager

May 25, 2010

Supervisor Federal D. Glover, Chair
Supervisor Gayle B. Uilkema, Vice Chair
Family and Human Services Committee

East Bay Stand Down for Homeless Veterans

Recommendation: Request Board of Supervisors support for the East Bay Stand Down (EBSD) to be held August 5 through 8, 2010 at the Alameda County Fairgrounds, Pleasanton, CA. (EBSD 2010 brochure attached)

As a volunteer and member of the Executive Board for EBSD, I am pleased to present an overview of this special event.

Jerry Yahiro, Director and one of the founders of EBSD, is with us today and would like to make a few comments.

Background: The EBSD is an extraordinary event supported by over one thousand dedicated volunteers. Homeless veterans and their families from the San Francisco Bay Area have an opportunity to receive invaluable and diverse services and care in a safe, secure environment. The goal is to assist homeless veterans to end the cycle of homelessness by bringing into one location transitional housing opportunity, medical/dental care, legal services, benefits counseling, food, clothing, entertainment and many other services. Most important, our participants receive this care in a respectful manner and we let them know they are not forgotten.

Thank you for your past support on this worthy endeavor!

Phillip A. Munley
Director, Veterans Services



It is estimated that there are over **180,000** needy and homeless Veterans throughout

“The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the Veterans of earlier wars were treated and appreciated by their nation”
George Washington



AUGUST 5, 6, 7, 8, 2010

**ALAMEDA COUNTY
FAIRGROUND
PLEASANTON, CA**

WWW.EASTBAYSTANDDOWN.ORG

**HELPING DISPLACED, HOMELESS
AND NEEDY VETERANS AND
THEIR FAMILIES.**

Executive Chair: Denver Mills (925) 680
4526
Director: Jerry Yahiro (925) 743 8850
Assistant Director of Programs:
Don Rinker (510) 637 6280
Assistant Director of Logistics:
Mike Weber (925) 648 5346
And a cast of hundreds

the Nation on any given night. Within the nine San Francisco Bay Area counties, the VA estimates that there are over 6,000 homeless Veterans. In the Northern California area, there may be as many as 10,000 or more. A significant number of these Veterans have had little or no contact with the VA for either monetary or medical benefits. Nor have they had much contact with other agencies offering assistance. Aiding or helping to improve their situations, especially for combat Veterans, is a difficult process, but one which cannot be ignored.

Stand Down is a term used during war to describe the practice of removing combat troops from the field and taking care of their basic needs in a safer area. The East Bay Stand Down (EBS D) brings needy and homeless Veterans into a safe, if only temporary, encampment for the same purpose. Since the first Stand Down held in San Diego in 1988, Stand Downs have taken place in over 200 cities nationwide. Over 100,000 Veterans and their families have benefited from Stand Downs. These events have proved to be very effective in helping to break the cycle of homelessness among Veterans and their families.

in the East Bay Counties, the Viet Nam Veterans of Diablo Valley and the Ladies Auxiliary & VFW Post 6435 of Antioch, CA. Corporate Sponsors have included, AT&T, Peet's Coffee, Lawrence Livermore Labs, and many others. Significant support is received from the different branches of the U.S. Military led by the U.S. Army Reserves Medical Brigade.

During EBS D, a "tent city" is erected to house as many as **500 Veterans**, men and women, and their families. In total, approximately **1200 to 1500 volunteers** participate throughout the planning and conducting of the event. The U.S. Army, Air Force Navy Reserves have provided special funding for military support since 2002. Other funding is primarily through monetary and in-kind donations. **All monetary donations are applied to the needs of the Veterans.** No donated money is used for salaries. **All donations are tax deductible.**

Veteran participants are screened prior to admission to the event, to ensure Veteran status and eligibility. The participants are bussed in from various points throughout the Bay Area and transported to the event site. Upon arrival at the "tent city" the Veterans receive food, clothing, shelter, showers, haircuts and other basic necessities. VA and Military Health Care providers work side by side to assist with physical, dental and mental health needs. Counselors are available to address substance abuse issues, employment options, benefits and spiritual concerns. **Service providers are literally at the Veteran's doorstep.**

processes designed to help them. Fearing arrest, or a fine, a Veteran may not attempt to seek help of any type because of minor civil offenses. A **Stand Down Court** is set up to adjudicate these issues, with Superior Court judges from several participating counties. These magistrates help overcome many of these obstacles. The DMV is there to help get CA IDs and driver's licenses back on the spot.

The objectives of the EBS D are to place **20% of the eligible participants directly into residential programs.** We provide employment opportunities that can lead to direct employment. Other connections with a large number of community agencies help with stabilization of the participants' lives and offer an avenue to breakthrough and escape the cycle of homelessness.

EBS D began in 1999 at Camp Parks in Dublin, CA. Since that time we have had over 2500 participants in the events. **EBS D 2010 will be in August.** We will be holding the event at the **Alameda County Fairgrounds in Pleasanton, CA.** "Needs lists" and volunteer applications are available at the website. For more detailed information contact those names listed below or go directly to our website.

THANK YOU FOR YOUR SUPPORT

If you would like to make a donation, go to:
WWW.EASTBAYSTANDDOWN.ORG

or you can send a check payable to:
**DIABLO VALLEY VETERANS
FOUNDATION/EBS D**

PO BOX 2196 - DANVILLE, CA 94526



EBS D has been sponsored by a broad base of community agencies led by the VA's Concord Vet Center, The Rotary Clubs

Typically, a homeless person must spend inordinate amounts of time and energy going from one service agency to another. Often, duplicate efforts cause frustration and alienation from the very agencies and